2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90037 025 ****61.25

DOCUMENT # 759856

1. Entity Name
PARKSIDE CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Principal Place of Business	Mailing Address
882 7TH AVE. S. P.O. BOX 2065 NAPLES, FL 34106-2065	PO BOX 2065 882 7TH AVE S NAPLES, FL 34106

03312004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
882 7th Ave. S.	882 7th Ave. S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples FL
Zip: 34102 Country: USA	Zip: 34102 Country: USA

4. FEI Number 59-2257957 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JEREZ, PATRICIA M
882 7TH AVE
PO BOX 2065
NAPLES, FL 34106

7. Name and Address of New Registered Agent

Name: Heather Hobrock
Street Address (P.O. Box Number is Not Acceptable): 882 7th Ave. S.
City: Naples FL Zip Code: 34102

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Heather L. Hobrock 4/01/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDD JASCHOB, DENNIS 1040 N PALM LN APTC DELRAY BEACH, FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STDD JEREZ, PATRICIA 882 7TH AVE S PO BOX 2065 NAPLES, FL 34106	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STDD Hobrock, Heather 882 7th Ave. South Naples, FL 34102	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BROWN, ANNA 872 7TH AVE. S. NAPLES, FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Heather L. Hobrock 04/01/04 239.262.3582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #